

BARBARA K. CEGAVSKE Secretary of State Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714 Phone: (775) 684-5705

Fax: (775) 684-5718 Website: www.nvsos.gov

State of Nevada Committee for Political Action (PAC)

Registration Form

RECEIVED

MAY 2 6 2016

SECRETARY OF STATE ELECTIONS DIVISION

#821

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	\neg			CE IS FOR OFFICE USE ONL'	
New Registration	PAC (Advocating I	Passage or Defeat of a B	allot Question)	
Annual (Due on or before Ja	nuary 15th of <u>each</u> yea	ar; NRS 294A.230(4)(b))			
Amended Registration:	Change Officers	Change Officers Change Registered Agent Change Ad		Change Address	
Green an anal apply	Change Name Previous Name of PAC				
	Other:				
Name of Committee:			Telep	Telephone:	
UAW Region 5 Western States PAC			562-8	301-1500	
Mailing Address:					
6500 S. Rosemead Blvd.	Pic	co Rivera	CA	90660	
Street Name, Number	City		State	Zip Code	
PAC Active Email Address:					
REGISTERED AGENT: pursuar					
agent, as provided in NRS 14.02	0, who must be a natur	al person who resides in	the State of N	levada.	
Name of Registered Agent: Larry Wilson			•	phone: 786-8530	
Physical Address:					
1755 E. Plumb Lane #111	Re	no	NV	89502	
Street Name, Number	City		State	Zip Code	
REGISTERED AGENT ACCEPT Committee for Political Action.	ANCE: I hereby accep	•	ered Agent for	the above-named	
v P 1.1.	1	Date:			
Signature of Registered Agent	Jon open 184	May 20, 20	16		



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necessary).		-		
Officer Name and Title:		Telephone:		
David Parsons, Chairperson Mailing Address:		206-633-6080		
2633 Eastlake Ave., E#200 Street Name, Number	Seattle City	WA 98102 State Zip Code		
Officer Name and Title:		Telephone:	Telephone:	
Homer Marshall, 1st Vice Chair		661-267-1129		
Mailing Address:				
650 Commerce Ave., Unit C Street Name, Number	Palmdale City	CA 93552 State Zip Code		
Officer Name and Title:	•	Telephone:		
Neal Sweeney, 2nd Vice Chair		510-845-5726		
Mailing Address:				
744 C Novel Drive	Santa Cruz	CA 95060		
Street Name, Number	City	State Zip Code		
Officer Name and Title:		Telephone:		
Gene Hurd Mailing Address:		562-942-1027		
6508 S. Rosemead Blvd.	Pico Rivera	CA 90660		
Street Name, Number	City	State Zip Code		
AFFILIATIONS: If the PAC is affiliated of each organization (please attach ad Name of Organization:		Telephone:		
Mailing Address:				
Street Name, Number Name of Organization:	City	State Zip Code Telephone:		
Mailing Address:				
Street Name, Number	City	State Zip Code		
Name of Organization:		Telephone:		
Mailing Address:				
Street Name, Number	City	State Zip Code		
SUBMITTED BY:		Data		
X lfue my Signature of Representative of Group	Printed Name: Gene Hurd	Date: Telephone: 562-942-127		

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if

EL400 Revised 11-5-15



Emily Beals

EL400

Revised: 11-5-15

Mailing Address: 1228 N Street, Suite 34

Street Name, Number

Officer Name and Title:

Officer Name and Title:

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Telephone:

559-790-1491

CA 95814

State Zip Code

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Telephone:

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

City

Sacramento

Frances Maldonado		818-765-8999	
Mailing Address:			
11625 Sherman Way	No. Hollywood	CA 91605	
Street Name, Number	City	State Zip Code	
Officer Name and Title:		Telephone:	
Larry Wilson		775-771-2772	
Mailing Address:			
1755 E. Plumb Lane #160	Reno	NV 89502	
Street Name, Number	City	State Zip Code	
Officer Name and Title:		Telephone:	
Irene Morrison Mailing Address:		415-939-6271	
4057 Beechwood Place	Riverside	CA 92506	
Street Name, Number	City	State Zip Code	
Mailing Address: Street Name, Number Name of Organization:	City	State Zip Code Telephone:	
Mailing Address:			
Street Name, Number	City	State Zip Code	
Name of Organization:		Telephone:	
Mailing Address:			
Street Name, Number	City	State Zip Code	
SUBMITTED BY:			
X	Printed Name:	Date: Telephone:	
Signature of Representative of Group			



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary). Officer Name and Title: Telephone: Scott Graff 503-526-5583 Mailing Address: 10030 SW Allen Blvd. OR 97005 Beaverton Street Name, Number State Zip Code City Officer Name and Title: Telephone: Robert Jimenez 323-726-7623 Mailing Address: 632 N. Wilcox Ave. Unit 4 CA 90640 Montebello Street Name, Number City State Zip Code Officer Name and Title: Telephone: Mailing Address: Street Name, Number City State Zip Code Officer Name and Title: Telephone: Mailing Address: Street Name, Number State Zip Code City AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary). Name of Organization: Telephone: Mailing Address: Street Name, Number State Zip Code City Name of Organization: Telephone: Mailing Address: Street Name, Number State Zip Code City Name of Organization: Telephone: Mailing Address: Street Name, Number Zip Code City SUBMITTED BY: Printed Name: Date: Telephone:

Signature of Representative of Group

EL400 Revised: 11-5-15